

Charles A. Bon
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) **10/089290**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6		5		5		
7		0		1		
8	1		1			
9						
10						
11	1		1			
12						
13						
14						
15						
16	1		1			
17	1		1			
18	1		1			
19						
20						
21						
22						
23						
24			1			
25	1		1			
26	1		1			
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			20			
TOTAL CLAIMS			29			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						